


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 706865</b> 1. Entity Name <b>TOWER EAST INCORPORATED</b>	
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Principal Place of Business <b>1150 EUCLID AVENUE, #107 MIAMI BEACH FL 33139</b>	Mailing Address <b>1150 EUCLID AVENUE, #107 MIAMI BEACH FL 33139</b>
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2. Principal Place of Business - No P.O. Box #  State, Apt. #, etc.	3. Mailing Address  State, Apt. #, etc.
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1st MOORE      CR2E037 (10/07)

City & State  Zip      Country	City & State  Zip      Country	4. FEI Number <b>59-1235709</b>	Applied For <input type="checkbox"/> No; <input type="checkbox"/> Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PRICE, AUGUSTA G 1150 EUCLID AVENUE 106 MIAMI BEACH FL 33139</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*      **PRICE AUGUSTA**      **PRESIDENT**      **4/30/08**

Signature: Type or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when registering)      DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PSD PRICE, AUGUSTIA <input type="checkbox"/> Delete
NAME	PRICE, AUGUSTIA
STREET ADDRESS	1150 EUCLID AVE APT 106
CITY- ST- ZIP	MIAMI BEACH FL 33139
TITLE	TD <input type="checkbox"/> Delete
NAME	ROLKA, STANISLANA
STREET ADDRESS	1150 EUCLID AVE APT 310
CITY- ST- ZIP	MIAMI BEACH FL 33139
TITLE	S. <input type="checkbox"/> Delete
NAME	WHIPLEY, JAMIE D
STREET ADDRESS	1150 EUCLID AVE APT 112
CITY- ST- ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> Delete
NAME	GORDON, FRANCINE
STREET ADDRESS	1150 EUCLID AVE APT 212
CITY- ST- ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> Delete
NAME	RIGNAGO, PEREZ-GALA
STREET ADDRESS	1150 EUCLID AVE APT 106
CITY- ST- ZIP	MIAMI BEACH FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROLKA STANISLANA**    *[Signature]*      **4/30/08 305-672-8792**